

10/045587

CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS:			
FOI		NUMBER FILED	NUMBER EXTENDED
TOTAL CHARGEABLE CLAIMS		MINUS 20	
INDEPENDENT CLAIMS		MINUS 3	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

1/12/06 CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		78	Minus	99
Independent		4	Minus	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	EE	RATE	EE
BASIC FEE	3.50	BASIC FEE	770.00
X\$ 9 =		OR	
X42 =		OR	
+140 =		OR	
TOTAL		OR	TOTAL

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9 =		X\$18 =	
X42 =		X86 =	
+140 =		+280 =	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	99	=
Independent		Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE		ADDI- TIONAL FEE	
X\$ 9 =		OR	X\$18 =
X42 =		OR	X86 =
+140 =		OR	+280 =
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	99	=
Independent		Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE		ADDI- TIONAL FEE	
X\$ 9 =		OR	X\$18 =
X42 =		OR	X86 =
+140 =		OR	+280 =
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) Is the highest number found in the appropriate box in column 1.

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